



Department of Risk Management & Insurance
33 Knightsbridge Rd. 1st FL East, Suite F110, Piscataway Township, NJ 08854

STUDENT OR PUBLIC INCIDENT ALERT

Date Reported: _____	Reported By: _____
Department: _____	Campus Address: _____
Cell Phone: _____	E-mail Address: _____
Campus Phone: _____	

INJURED PERSON

<input type="checkbox"/> Student		<input type="checkbox"/> Public	
Name: _____	Age: _____	Phone: _____	
Address: _____	City: _____	State: _____	Zip: _____
RU-ID: _____	Scarlet Mail Account: _____		
Reason on Campus: _____			

INCIDENT

Date: _____	Time: _____
Campus: _____	Location: _____
Description of the Accident: _____	

Were Police or Emergency Services contacted? Yes <input type="checkbox"/> No <input type="checkbox"/> Police Report #: _____	

INJURY OR DAMAGES

Was the person taken to a doctor or hospital? Yes <input type="checkbox"/> No <input type="checkbox"/> Where: _____
Describe any injuries or damages (Attach Photos) _____

Name of Witness(es)	Phone	Address	E-MAIL

Signature		Date	
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PLEASE E-MAIL COMPLETED FORM TO ALERTRISK@FINANCE.RUTGERS.EDU